

Instructions for PDD EIBI Monthly Progress Report

The PDD EIBI Monthly Progress Report must be completed monthly and submitted to the consumer's Case Manager by the 15th of each month for the preceding month. Each Monthly Progress Report must include the Consumer's name, the Consultant's name, the Provider's name and the Month and Year of Service.

The Therapy Documentation Sheet (PDD Form 48) for the same month must be attached to the Monthly Progress Report and submitted together for each individual consumer.

Section 1-Goals on Treatment Plan

The total number of goals on the Treatment Plan must be noted under **Total #:** followed by the number of goals **Targeted, Introduced, Mastered, On Hold, Generalized and On Maintenance.**

***This area will provide information on the total number of goals being worked on as well as information on how often goals are added to the Treatment Plan and if goals are moving through the various phases of treatment.*

Section 2-Is Consumer Making Progress

The Consultant must indicate **yes** or **no** and write a **brief summary** of the consumer's progress or lack thereof.

***This area will provide Case Managers with a brief summary of the consumer's progress or lack thereof for the month of service as required as per PDD EIBI Program monitoring guidelines.*

Section 3-Breakdown of EIBI Hours

The EIBI documented hours must be separated according to the total number of hours for the month provided in the **home** [can also include community goals as per tx plan] and the total number of hours in a **clinic** if the consumer received clinic services. Document hours for each EIBI service: [Consultant; Lead; and Line] as noted.

***This information will be used to document where a consumer is using the majority of their EIBI service hours and if the Provider is serving the consumer at the authorized level.*

Please document each **weekly total** for the individual services noted [consult, line, and lead] for each week of the month.

***This will be used to formulate an average number for weekly EIBI service usage and will allow for a more comprehensive evaluation of program efficacy.*

Section 4-EIBI Off-Site Hours

The total number of **off- site hours** for each level must be noted and a brief summary of work completed off-site must be provided. Consultant off-site hours cannot exceed 2 hours per month and Lead off-site hours cannot exceed 1 hour per week. Off-site hours can only be billed when a face-to-face therapy service has been provided during the billing period (i.e. monthly for the Consultant and weekly for the Lead Therapist). See Off-Site Services in Chapter 9 for details pertaining to cancellations.

***This information will provide documentation on how off-site time is being used on a regular basis.*

Section 5-Team Meetings/ Family Training

Under this section, the Consultant must indicate a **yes** or **no** response to whether a **team meeting** or **family training** occurred during the month. The Consultant must write a brief summary of the content of the team meeting or family training held.

***As per the procedures outlined in the PDD Program Manual, Team Meetings must be held at least every two months or more often if necessary. Family Training must be held at least quarterly or more often if necessary. The Provider must maintain documentation of all meetings and trainings. The date, time, and frequency of the team meetings will be agreed upon by the family and Consultant, and will take into consideration the child's functioning level and programming needs.*

Section 6-Challenging Behaviors/Interfering Factors

In this section, Consultants must document the presence of **Challenging Behaviors** or **Interfering Factors** encountered during the month. Indicate either a **yes** or **no** response and include a brief overview of how documented "factors" were addressed.

***This will provide information on Challenging Behaviors and other conditions, factors, and/or events that may interfere with successful and regular implementation of EIBI Programming.*

Section 7-Documentation Requirements

In this section the Annual Assessment date should be noted

***This serves as a visual reminder, so that assessments can be scheduled and completed within the specified time frame.*

Exit Summary

This area is only for consumers in their 3rd year of service or for those consumers aging out of the program.

Note a **yes** or **no** response indicating whether an exit summary has been completed along with family training and guidelines developed for the family to follow upon termination of service. Each exit summary submitted to Case Managers and the Autism Division must include a copy of the family guidelines that were developed for the family to follow upon termination of the program. Each set of guidelines must be individualized to the consumer served.

***It is important that each consumer and their families are trained and have guidelines in place for the end of program transition.*

Section 8-Parent Feedback

This area must be completed by the Parent/Guardian and should include any questions, concerns, feedback [positive and/or negative] about overall satisfaction with the PDD EIBI Program. Once completed, the parent/guardian must sign and date along with the consultant.

***Parent feedback about the PDD EIBI program is a mandatory component necessary for Case Managers as per PDD EIBI monthly monitoring requirements.*

Section 9-Additional Comments:

This section allows for additional feedback or comments from parents/guardians and consultants, not otherwise included in sections 1-8.